1976

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 176

Registered No. 402

1. PLACE OF DEATH

County Maricopa State

District or Township or Village or

City Phoenix No. 1121½E Van Buren St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mary Gladys Marie Robinson

(a) Residence, No. 1121½E Van Buren St. St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6, 1924

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
4	9	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pullman Co. Tenn.
(State or country)

PARENTS

10. NAME OF FATHER Dee Robinson

11. BIRTHPLACE OF FATHER
(State or country) (city or town) Tenn.

12. MAIDEN NAME OF MOTHER Bumbalough

13. BIRTHPLACE OF MOTHER
(State or country) (city or town) Tenn.

14. Informant Dee Robinson
(Address) 1121½E Van Buren

15. Filed 3-19, 1928. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-3-28 19
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1928 to Mar 3, 1928 that I last saw her alive on Mar. 3, 1928 and that death occurred, on the date stated above, at 9 A m. The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ½ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. A. Shelley, M. D.

Mar. 6 1928 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn — DATE OF BURIAL: 3-5-28

20. UNDERTAKER: A. L. MOORE & SONS — ADDRESS